

CHILD AND FAMILY STATE COLLABORATIVE MINUTES FOR OCTOBER 26, 2001

Next SCC at Hayworth on Friday, November 2, 2001 919-571-4900

**Next Meeting (Large State Community Collaborative) Friday, November 30, 2001
at NC Child Advocacy Institute at 311 East Edenton Street, Raleigh, NC 919-
834-6623**

Present Members: Chair: Martha Kaufman (CFS), Don Herring (CFS), Lee Lewis (SA), Diann Irwin (DPI), Sandra Sink (DSS), JoAnn Lamm (DSS), Stephanie Alexander (CFS), Pat Solomon (NCFU), Austin Connors (CFSA-NC), Al Deitch (YA&I), Lana Dial, Beverly Hester (WCH/C&Y), Carol Tave (WCH/C&Y), Sally Cameron (NC Psychological & CPDMI), Beth Melcher (NAMI), Bob Loddengaard (GAL), Judy Ritchie (MHAA/NC), Jennifer Mahan (MHA/NC), Joan DeBruyn (CFS), Brad Trotter (MHDDSA), Robin Huffman (NC Psychiatric Assoc), Ann Rodriguez (NCCCP), Carolyn Wiser (DMA), Don Hargrove (DJJDP), Lynda Richard (DMH/DD/SAS), John R. Hayes (NCFU), Joan Haggerty (NCCA)

Meeting Materials and Handouts distributed:

- Minutes of the last State Collaborative Meeting
- Minutes of the last Collaborative Subgroup Meeting
- Grid for Inventory of Resources

Meeting items are outlined as discussed below:

1. Welcome and Introductions
2. Meeting date was wrong on 9/28/01 Minutes
3. State Plan Update
 - Family's United is disappointed that SOC language is out and only high-end families are left in the Plan. Pat stated that this is the essence of what SOC is - to keep youth from moving from the lower end service (intensity) to the moderate and high-end levels. To leave out the areas that youth need before getting to high-end

services will ensure that they end up (eventually) at those services. This is what families have been trying to avoid for years. (Group agreed.)

- Feedback at Sec. advisory meeting - wants comments by COB today
- Timeline is left in Plan but the parts they refer to are left out - may be confusing
- Youth problems with transitions - not what's available but what is needed - that is the key - CMH Priority Pops are still in the larger Plan. Sally C. suggests sending in concise statements + the Shorter Version of CMH Plan.
- For youth, the Plan is not just MH but *all* systems - most see just broadening the range of MH services and not the systems involvement as well.
- Look at what is in the Short Version & what is in the main text and resolve differences before submitting (Diann).

4. Developing a Guide on Funding Streams and Resources Across Agencies (Handout – Resource Mapping Inventory)

Pull information together at the state level.

- Are these the right agencies? Add any? Need “menu” for needs/funds/resources, then ID gaps.
- Schools generally have no flexible funding but have many resources including services. CFT could not get IDEA dollars but there are varieties of resources that are available. Services yes but funds as well.
- Family Courts – State funding – need
- Add a block (to Resource Mapping Inventory) – “How to access funds?”
- Resource Mapping Inventory from LCC needs to be completed/compiled.
- Important to know services (categorical, noncategorical, wraparound)
 - Traditionally say “all we have”
 - Can possibly modify
 - If state Regs disallow, then SCC tries to change the Regs.
- Dual diagnosis youth are not showing up on Waiting List Data.
- Resistance to “Pool” or “Braiding” funds

From local perspective, need private sector on the Resource Mapping Inventory grid – will vary from community to community – local natural resources (limited way) and private providers in the community.

- This Grid is more resource dollars oriented.
- If you go from most restrictive funds to respite – look at what goal resources can provide.
 - Go beyond service to how these are funded.
 - Mandated to maximize resources and share funding

Being Creative Without Funds Now -

- Example, DSS + CMH working on SSBG assigned to CTSP to give flex funds to CFTs so they can go beyond what is available.
- Continue to work on Grid and start filling it in at SCCs on Friday.
- Blue Ridge Center is Branding funds and have a NPO foundation that is at the table and can help.

5. RFA Update – Stephanie Alexander

- 3% CTSP Set-Aside for almost \$1.5 million for SAY projects (residential, nonresidential)
- 18 Proposals for Therapeutic Foster Homes for Deaf/Hard Of Hearing, Level IV – SED, Assertive Community Treatment Team
- 11/2/01 – Review all proposals – sent out to reviewers yesterday
Review Checklists & decide who gets the reward.
- Reviewers (9)
Each proposal by 4 (1 parent)
CFS on 1 person on each team
(Proposals) 8 from APs – 12 from private sectors
- DD recommended reading all proposals - if add more people, then need more per disability sections so would be fair
- Deaf/HOH = Brad goes to State Residential School for Deaf are very

thankful for RFA attention to these issues

- 40 people at Bidders Conference – over ½ private providers
- 60 day process from start to proposals
- How tied to LCCs? – Ask for signatures and how collaboration has and will occur? How to transition back to the community (for residential proposals)?
- Send RFA out to everyone – update e-mails

6. MOA Update

Chuck Harris – CTSP describes MOA at state and local levels.

- Past ones did not have DPI in them.
- Need to clarify MOA from lessons learned.
- “Other effected state agencies” – should these be listed?

MOA at state level (draft) by Stephanie and then back to Chuck and Joel and then to larger SCC

- Local DSS and DJJDP will be involved
- Can DMA be brought into the MOA? CTSP legislation addresses Medicaid.
- Are there items that specifically relate to other areas?

7. Training/TA – Joan DeBruyn & Sandra Sink

- Use expert trainers.
- ½ are parent trainers.
- 11/05/01 – expert SOC Trainers are meeting to decide next step for training and how to access what groups; 30 – 50 people will be trained to train SOC in their communities.
- Daily CFS hears about training problems.
- Expectation – Block Grant funds Plan for CMH portion of MHBG & Planning Council support establishing SOC Specialist to help with LCC; AP is fiscal agent – must be dedicated to TA and training
- Kind of training 1st 2 year – basics, Organizational Development issues, then as they function, what are next issues to confront?
 - New staff? Continuous & mentoring
 - SOC needs be an orientation in all agencies.
 - Courts – Advocates & Attorneys who represent parents both need basic SOC
- Use AHECS
- Frustration of APs with courts so this training/TA with Court personnel.
- Big dollars – Concern of flexibility (Ann Rodriguez)

- Use dollars only for 3 years as training/TA.
- Federal increases are traditionally not taken away if one stays with BG Plan as approved by Planning Council – can plan in 3 years for sustainability.
- Put this in the plan letter with guidelines.
- APs want to hire own Personal Trainer per AP.
- Pool resources at AP level.

8. Role of Family/Advocacy & Support

- Families United has a grant to move out into non-federal grant sites and build family groups.
- All advocacy groups can work together to disseminate information that any one group wants out into other groups to help one another.
Requiring of LCC – Family involvement mandated by CTSP. 2% for Family Involvement in CTSP – only be spent for this purpose
- At a point now –
 - How can SCC help LCC help get families to the table – confusing for new families with established groups
- Require Family Advisory groups – Tom Patalloni (?) is excellent here.
- Public Health would be a good linking point.
- Pool resources for LCCs (PH, etc.)
- CMH & PH, EI – What are common definitions of family support? What do they look like? How to implement? What are policy/process to strengthen community support? Funding, Access, etc..
- Families need some expectations across systems.
- Leadership component – Administrative function over time to support families
- Family/Leadership Group – By mid-December will have more information
- Map of all county/local family resources are on the WEB – Ethel.Eason (CFS) is primary contact (919-881-2436 personal #) 919-571-4900 (main #)- e-mail Ethel.Eason@ncmail.net
- Can all State Family Groups provide assistance to give LCC who to contact to help get LCCs referral sources?
 - ECAC Groups of families
 - SOC Grant sites already have this functioning.
 - ECAC may have a database.
- Do we need to bring in these groups to train SOC? Family Advocacy Institute will assist Pat to establish “Family-Support Involvement” group.
- How to enhance groups already meeting?
- Get Advocacy Networks – Need joint training with parents and agency heads locally.

9. Other Special Provision Issues

CTSP – will send to anyone who wants to see it

- Legislative Report – SCC members will go as a group so it is no longer just MH initiative.
- Interim Report due December 1 – our report to our Department by 11/1/01
- Need any data that other agencies or otherwise can gather.
- Drafting information – What to highlight to communicate implementation?
 - SCC Formation
 - RFAs
 - MOA Progress
 - Regional CCs
- Data Issues – Send whatever you have soon.

Challenges?

- Use this report in other arenas to collapse what is going on in different local groups – LCCs need support to have 1 child/family serving groups not just a MH group – all groups need to figure this out and use 1 local SOC group.
- Identify local groups doing similar functions – send in to Don.Herring@ncmail.net
- Some communities (Jackson) are figuring out how to collapse groups.

Whitaker School Safety Net

- End of session – “Close or move” were out.
 - Mandated assessment of needs
- How can we take what we know works well at RTCs and build regional capacity across the state?
- If they do not want 1 place in NC – use regional approach – consistent with/ SOC values – MGT advocated for this as well.
- Concern Re: Role of Private Providers “cherry picking” and not wanting to serve youth with the most challenging issues.
- At Whitaker:
 - 16-20 youth are out of state.
 - 30-40 youth are wait listed.
 - 30-40 youth served at anytime
- Summarize what the concerns were that led to this?
 - (1) Physical Plant
 - (2) Need to bring in Medicaid
 - (3) Centralized

- Say what we think about regionalized, more facilities, etc..
- Fighting this “battle” each year.
- Concern about future of school – “Moving target”, irresponsible to open other schools **after** closing Whitaker.
- 4 years ago – proposal to Governor for Regional Program
- History of Secretary going to Legislature and saying “close Whitaker” to defend against loss of 50 positions, so institutions should not close due to position loss – not how well are children being served.
- Interest in a system for youth without choices who can receive treatment/educate/rehabilitate.
- Regional schools would be able to serve almost all youth across North Carolina.
- Data is strong for success beyond treatment - 22 year Research Project – and what is the cost if not served?
- Focus has been on the facility, not the model with the Legislators
- Legislature sees it as an institution not a program – thus “close institutions” means “Close Whitaker”.
- Message – If state tries – go to public and press, stopped 2 prior attempts to close Whitaker.
- Do a proactive plan and lay out how to reinvest funds, etc, to go regional.
- Move to Greensboro – off the table.
- Need broad consensus to keep it open.
- On the timeline in the MH State Plan.

10. Agenda Items for Next Meeting 11/30/01

- \$47 million Trust Fund – non-recurring
- Whitaker School